# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 19, 2002 8:00 am**
**Secretary of State**
02-19-2002 90114 005 ****61.25

DOCUMENT # N01000004819

1. Entity Name

HIBISCUS CONGREGATION OF JEHOVAH'S WITNESSES, IN C.

| Principal Place of Business | Mailing Address |
|---|---|
| 103 N.W. MARION AVENUE<br>PORT ST. LUCIE FL 34983 | 103 N.W. MARION AVENUE<br>PORT ST. LUCIE FL 34983 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARINO, JOSETH
214 S.W. LAKE FOREST WAY
PORT ST. LUCIE FL 34986

**7. Name and Address of New Registered Agent**

Name: MARINO, JOSEPH
Street Address (P.O. Box Number is Not Acceptable): 214 S.W. LAKE FOREST WAY
City: PORT ST. LUCIE FL Zip Code: 34986

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>WOLF, Russell<br>610 NW KINGSTON ST<br>PORT ST. LUCIE, FL 34983 | ☐ Delete | D<br>WOLF, Russell<br>610 NW KINGSTON ST.<br>PORT ST. LUCIE, FL 34983 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>Schuttig, Charles<br>1310 SW Dorchester ST<br>PORT ST. LUCIE, FL 34983 | ☐ Delete | D<br>Schuttig, Charles<br>1310 SW Dorchester ST<br>PORT ST. LUCIE, FL 34983 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | P<br>Joseph Marino<br>214 SW LAKE FOREST WAY<br>PORT ST. LUCIE, FL 34986 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Joseph Marino 1/23/02 561 342 2421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #